

Application for Registration of Equivalent Occupation

Western Australia

Please complete Items 1 to 4 electronically and print before completing Item 5 (Declaration)

1. DETAILS OF THE APPLICANT (sole trader applicants only)

Title _____ Surname _____ Given names _____

Date of Birth _____ Place of Birth _____

2. CONTACT DETAILS

Current Residential Address _____

Suburb _____ State _____ Postcode _____

Postal Address – if different _____

Suburb _____ State _____ Postcode _____

Address for the REGISTER _____

Suburb _____ State _____ Postcode _____

Email Address _____

Mobile Telephone _____ Work telephone _____

Are you a business and do you intend to trade in your own right in Western Australia? YES NO

If yes please provide:

REGISTERED BUSINESS NAME/S (if applicable) _____

REGISTERED BUSINESS ADDRESS/ES IN THE STATE _____

Suburb _____ WA _____ Postcode _____

If you will be operating from more than one address please provide additional addresses separately.

3. APPLICATION

I give notice for the purpose of seeking to be licensed/registered (“**licensed**”) in accordance with the principles of Mutual Recognition as a **PLEASE SELECT RELEVANT LICENCE (“relevant occupation”)** under the provisions of the *Mutual Recognition (Western Australia) Act 2010* and/or the *Trans-Tasman Mutual Recognition (Western Australia) Act 2007*.

4. DETAILS OF CURRENT EQUIVALENT LICENCE OR REGISTRATION

I am licensed in **PLEASE SELECT HOME JURISDICTION** (*first State/Territory of Australia, New Zealand*) to carry on the relevant occupation (*please specify*):

LICENCE NUMBER: _____ DATE ISSUED: ____/____/____

Please Select hold a registration/licence (“**licence**”) in another Australian State/Territory or New Zealand in the relevant occupation or equivalent in addition to the licence stated above (*please provide details of ALL licences held*):

AU State/Territory/ New Zealand	Licence No.	Condition/s

I am not the subject of disciplinary proceedings in any State/Territory or New Zealand (including any preliminary investigations or action that might lead to disciplinary proceedings) in relation to being the holder of a licence for the relevant occupation.

My licence in any State/Territory or New Zealand is not cancelled or currently suspended as a result of disciplinary action.

I am not otherwise personally prohibited from carrying on the relevant occupation, as a result of criminal, civil or disciplinary proceedings in any State/Territory or New Zealand.

My licence **Please Select** subject to any special conditions in carrying on the relevant occupation, as a result of criminal, civil or disciplinary proceedings in any State/Territory or New Zealand.

I consent to the making of enquiries, and the exchange of information with, the authorities of any State/Territory or New Zealand regarding my activities as the holder of a licence for the relevant occupation or otherwise regarding matters relevant to this notice.

5. DECLARATION

I (print full name) _____
of (address) _____
Occupation _____

Sincerely declare that the statements and information in this notice and all attachments are correct to the best of my knowledge and belief; and that I have attached (if relevant) the original or a complete and accurate copy of the licence document from each jurisdiction specified at item 4.

This declaration is true and I know that it is an offence to make a declaration knowing that it is false in a material particular.

This declaration is made under the *Oaths, Affidavits & Statutory Declarations Act 2005*.

at _____ (place)

on ____ / ____ / 20____ (date)

in the presence of -

(Signature of authorised witness)

(Name of authorised witness **and qualification*** as a witness)

} By _____
(Signature of person making declaration)

Witness telephone: _____

* Academic (post-secondary institution), Accountant, Architect, Australian Consular Officer, Australian Diplomatic Officer, Bailiff, Bank Manager, Chartered Secretary, Chemist, Chiropractor, Company Auditor or Liquidator, Court Officer (Judge, Magistrate, Registrar or Clerk), Defence Force Officer (Commissioned, Warrant or NCO with 5 years continuous service), Dentist, Doctor, Engineer, Industrial Organisation Secretary, Insurance Broker, Justice of the Peace, Lawyer, Local Government CEO or Deputy CEO, Local Government Councillor, Loss Adjuster, Marriage Celebrant, Member of Parliament (State or Commonwealth), Minister of Religion, Nurse, Optometrist, Patent Attorney, Physiotherapist, Podiatrist, Police Officer, Post Officer Manager, Psychologist, Public Notary, Public Servant (State or Commonwealth), Real Estate Agent, Settlement Agent, Sheriff or Deputy Sheriff, Surveyor, Teacher, Tribunal Officer, Veterinary Surgeon **OR** any person before whom, under the *Statutory Declarations Act 1959* of the Commonwealth, a Statutory Declaration may be made.